· r	Under the Paper	work Reduc	tion Act	of 1995, no p	etsons are	required to	U. S. Pr respond to a coll	stent ectio	a of Internal	on unless it t	INDIAYA	Yana OMB	OSB/06 (08-0 OMB 0651-00 OF COMMER Control number
	PATENT A	APPLIC	ATIO	N FEE D	ETER	MINAT	ION RECO	RD	^^	pplication o	n Dock	ei Number	Z
CLAIMS AS FILED - PART (Column 1) (Column 2)									SMALL	ENTITY	OR	OTHER SMALL	
FOR NUMBER OF ED						NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BASIC FEE									A PARTY	3	-		. न्यार
TO	TOTAL CLAIMS				aus 20 - 0 . 0			4	11/11/	2	OR OR	\$ 0.5 T	15 190
INI	INDEPENDENT CLAIMS				Dire) = + 0			1	×	<u> </u>	OR	x S	
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CPR 1.18(4))									+=		OR	+ ==	<u> </u>
of the difference in unknown 1 is less then zero, enter 👣 is column 2									TOTAL		OR	TOTAL	7700
12	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL I	
AMENDMENT A	<i>y</i> ,	CLAI REMAI AFTI AMEND	NING ER		NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
άQZ	Total (37 CFN 1.16(c))	• 5		Minus -	••	20	- 0		x \$=	0	OR	x \$=	()
AME	Independent (17 CFR 1.16(b))	• 3		Minus		3	- ₀		×=	0	OR	x	.6
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))								+ =		OR .	+	
7/	7/37/01/(Column 1) (Column 2) (Column 3)										OR	TOTAL DDIT. FEE	
AMENDMENT B		CLAI REMAII AFTE AMEND	NING R		NU! PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR L14(e))	. 3		Minus	•• 6			1	x \$=	,	OR	x \$=	0
	Independent (37 CFR 1.16(b))	. 2		Minus	***	3	=	1	x =		OR OR	x =	0
-€	FIRST PRES	OF MI	PENDENT	CLAIM	(37 CFR. 1.16(d))	1	+=		OR	+=			
10	29/04 (Column 1) (Column 2) (Column 3)							Α.	TOTAL DDIT. FEE		OR	TOTAL DDIT. PEE	()
AMENDMENT C		CLAII REMAIN AFTE AMENDI	VING R		NUI PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,14(c))	. 6		Minus	** 7	L W	= 0		x \$=		OR	x \$=	0
	Independent (37 CFR 1.14(b))	• 2	_	Minus	***	3	= (x=		OR OR	x =	
T.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.CFX.1.144))								+		OR	+ =	
** 16	the entry in colun the "Highest Num he "Highest Num	nber Previou	sly Paid	For" IN THIS	SPACE :	s less than 2	0, enter "20".	ι	TOTAL DDIT. FEE		OR	TOTAL ODIT, FEE	0

The Highest Number Previously Paid For Total or Independent) is the highest number found in the appropriate box in column 1.

Hurden Hour Statement This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Extents, Washington, DC 20231.